

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/770,644
	Filing Date	January 25, 2001
	First Named Inventor	Ofir Paz
	Group Art Unit	2141
	Confirmation Number	6756
	Examiner Name	Shingles, Kristie D.
<input type="checkbox"/> Sent via Express Mail Label No.:	Attorney Docket Number	150824.03

ENCLOSURES <i>(check all that apply)</i>		
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Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.		

SIGNATURE OF ATTORNEY OR AGENT			
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